12-20-06

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Number 10/054,595

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL			Application Number		10/054,595					
			Filing Date		January 22, 2002		┛			
DEC 19 2006 FORM			First Named Inventor		Donald Pannell					
*	Art Unit		2616							
all correspond	Examiner Name		Warner Wong		7					
Total Number of Pages in This Submission			Attorney Docket Number		MP0078					
ENCLOSURES (check all that apply)										
Fee Transmittal Form		Drawing(s)			After Allov	wance Communication to TC				
Fee Attached		Licensing-ı	related Papers		Appeal Communication to Board of Appeals and Interferences					
Amendment / Reply				ĺ	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)					
After Final			Convert to a Application		Proprietary Information					
Affidavits/declaration(s) Power of A Change of			attorney, Revocation Correspondence Add	dress	Status Letter					
Extension of Time Request			Disclaimer		Other Enclosure(s) (please identify below):					
Express Abandonment Request		Request for Refund CD, Number of CD(s)			Credit Card Authorization Form and Return Postcard.					
Information Disclosure Statement		☐ Landscape Table on CD								
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Reply to Missing Parts/ Incomplete Application			·.							
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT										
Firm	Harr	ness, Dickey	& Pierce, P.L.C.							
Signature	1/4	Tull DNUX								
Printed Name		Michael D. Wiggins								
Date Dece		December 19, 2006 Reg. No.		34,754						
CERTIFICATE OF TRANSMISSION/MAILING										
I hereby certify that this correservice with sufficient posta Alexandria, VA 22313-1450 o	ge as first cla	ass mail in	simile transmitted to a an envelope addre	the USPTC essed to: (or deposited Commissioner	with the United States Posta for Patents, P.O. Box 1450,	i			
Typed or printed name	ped or printed name Tina Marie Fritz					EV 757 778 573 US (12/19/2006)				
Signature	lina 1/		K/		Date	December 19, 2006				
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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 US 1220137 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Application Number 10/054/395 Fire Date Park Named Inventor Name	Effective on 12/0		Complete If Known							
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Deposit Account Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, PLC	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee	☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :									
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any underpayments of fee(s) Credit any overpayments Under 37 CFB 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information and authorization on PTO-2038. FEE CALCULATION	Deposit Account Deposit Account Number: 08-0750 Deposit Account Name: Harness, Dickey & Pierce, PLC									
Charge any underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SMAIL Entity Application Type Fee (\$) Fee(\$) Fee(\$	For the above-identified de	eposit account, the Director is	s hereby authorized to:	(check all that apply)						
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Name (Print/Type) Michael D. Wiggins Date December 19, 2006	Signature / ////	WILL		34,754	Telephone 248.641.1600					
	Name (Print/Type) Michael D. Wiggin	ns ()			Date December 19, 2006					

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